

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

252-62-047366

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 4248

Registrar's No. 252

FILED JAN 2 1967

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Sarcoxie

Length of stay in lb

Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY

OR TOWN

Sarcoxie

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

214 S. 13th. St.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

214 S. 13th. St.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Martha

Middle

Elizabeth

Last

Blackburn

4. DATE OF DEATH

Month

Day

Year

Dec. 25, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-6-1897

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

Sarcoxie, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Miles W. Boyce

## 13b. MOTHER'S MAIDEN NAME

Barbara Krause

## 14. NAME OF HUSBAND OR WIFE

Walter Blackburn

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Walter Blackburn, Sarcoxie, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Inanition & Dehydration

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinomatous

1 yr -

DUE TO (c)

Primary Carcinoma of Breast

1 1/2 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-30-62 to 12-25-62 and last saw her alive on 12-25-62

Death occurred at 6:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Sarcoxie, Mo.

## 22c. DATE SIGNED

12-26-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12-28-62

## 23c. NAME OF CEMETERY OR CREMATORY

Sarcoxie Cemetery Mausoleum

## 23d. LOCATION (City, town, or county)

Sarcoxie, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Ulmer-Moss Funeral Home, Sarcoxie, Mo. 12-27-62

Elly Chintan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10490

20490

3

4 1

5 1

6

7 0

8 2

9 170X

10

11

12 90-2

13 3-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edwin C. Thum*

Licensed Embalmer No.

*4955*

P. O. Address

*Southampton, MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.